

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: EPSDT Clinics
Managed Care Plans

Memorandum No: 05-124 MAA
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From: Douglas Porter, Assistant Secretary
Health and Recovery Service Administration

For Information, Call:
1-800-562-6188

Subject: Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Clinics: New EPA Criteria and Immunization Updates

Effective for claims with dates of service on and after January 1, 2006, the Health and Recovery Services Administration (HRSA) will begin using the new expedited prior authorization criteria for EPSDT clinics for the meningococcal vaccine listed in this memorandum. HRSA also added immunization administration codes 90471 and 90472 to the immunization administration grid on page E.6 of HRSA's current *EPSDT Billing Instructions*. These codes were omitted from the grid when HRSA published Numbered Memorandum 05-43 MAA.

New Expedited Prior Authorization (EPA) Criteria for EPSDT Clinics:

HRSA has developed the following new EPA criteria for the meningococcal vaccine (see below). If the client does not meet the EPA criteria and there is strong evidence of medical necessity, you have the option of submitting a written/fax authorization request (see page C.8 in the *EPSDT Billing Instructions* for details) to HRSA.

Note: Please refer to the following page for information on how to create an expedited prior authorization (EPA) number.

Meningococcal Vaccine

CPT™ : 90734 (Conjugate Vaccine – Menactra®)

421 Client is 11 years of age through 55 years of age and is in one of the “at risk” groups because the client:

- 1) Has terminal complement component deficiencies; **or**
- 2) Has anatomic or functional asplenia; **or**
- 3) Is a microbiologist who is routinely exposed to isolates of *N. meningitidis*; **or**
- 4) Is a freshman entering college who will live in a dormitory.

CPT: 90733 (Polysaccharide vaccine – Menomune®)

424 Client meets at least 1 of the 5 criteria for use of the meningococcal vaccine outlined for EPA code 421 (CPT code 90734) and **one of the following is true:**

- 1) The client is one of the following:
 - a) 2 years of age through 10 years of age; **or**
 - b) Older than 55 years of age.
- 2) The conjugate vaccine is not available.

Expedited Prior Authorization (EPA)

Expedited prior authorization does not apply to out-of-state care. HRSA does not cover out-of-state hospital admissions unless the client is admitted as a result of an emergency and is on a program that allows out-of-state care.

HRSA's intent for the EPA process is to establish prior authorization criteria and identify these criteria with specific codes. This enables providers to create an "EPA" number when appropriate. HRSA denies claims submitted without the appropriate EPA number related to the specific service. HRSA also denies claims submitted without a required EPA number.

How is an EPA number created and billed?

To bill HRSA for a service that meets the EPA criteria on the following pages, the provider must **create a 9-digit EPA number**. The first six digits of the EPA number must be **870000**. The last 3 digits of the EPA number must be related to the client-specific service. Enter the entire 9-digit EPA number in one of the following places:

- The authorization number field on the billing form. If the authorization is for only one of the line items, put the authorization number in field 24K next to the corresponding line; or
- The *Authorization* or *Comments* section when billing electronically.

Example: The 9-digit authorization number for an MRI of the brain for a client suspected of having a brain tumor but who also has a new onset of unexplained seizures would be **870000303** (**870000** = first six digits of all EPA numbers, **303** = last three digits of an EPA number indicating that the specific criteria is met).

Note: Written/fax PA is required when there is no option to create an EPA number.

Expedited Prior Authorization Guidelines

Documentation

The provider must verify medical necessity for the EPA number submitted. The client's medical record in the provider's office must contain documentation supporting medical necessity and be available upon HRSA's request. If HRSA determines that the documentation does not support medical necessity for the EPA number submitted, HRSA will deny the claim.

Flu Vaccine Reminder

CPT code 90660 (intranasal flu vaccine) is only covered between October 1-March 31 of each year.

Immunizations billed with the SL modifier

When billing HRSA for an immunization that is available free-of-charge from the Department of Health (DOH), providers must include both of the following:

- The appropriate procedure code for the vaccine given; and
- The SL modifier (**For example:** 90707 SL).

Effective for claims with dates of service on and after August 1, 2005, HRSA pays \$5.90 for the SL modifier billed with vaccines obtained free from DOH.

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Immunization Administration Grid

The following grid, found on page E.6 of HRSA's current *EPSDT Billing Instructions*, was missing administration CPT codes 90471 and 90472 when HRSA published Numbered Memorandum 05-43 MAA. Below is the complete grid which includes the administration codes. These codes may be used when billing those vaccines that are **not** available free-of-charge from DOH. These vaccines are NOT SHADED (meaning they are non-DOH supplied drugs) in the immunization grid beginning on page E.7 of HRSA's current *EPSDT Billing Instructions*.

CPT Procedure Code	Brief Description	Non-Facility Fee	Facility Fee
90465	Immune admin 1 inj, <8 yrs	\$11.13	\$11.13
90466	Immune admin addl inj, < 8 yrs	6.59	6.59
90467	Immune admin O or N < 8 yrs	5.05	5.05
90468	Immune admin O/N, addl < 8 y	3.03	3.03
90471	Immunization admin	11.13 (Eff. 8/1/05*)	11.13 (Eff. 8/1/05*)
90472	Immunization admin, each add	6.59 (Eff. 8/1/05*)	6.59 (Eff. 8/1/05*)

Please note:

- Do not bill CPT codes 90465-90468 in combination with CPT codes 90471-90472.
- For those drugs **not** available free-of-charge from DOH, HRSA pays for immunization administration for a maximum of two vaccines (e.g., one unit of 90465 and one unit of 90466; or one unit of 90467 and one unit of 90468).

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*Effective for dates of service on and after August 1, 2005.

Immunizations Available from Department of Health

HRSA updated the immunization grid beginning on page E.7 of HRSA's current *EPSDT Billing Instructions* to properly reflect which immunizations are available from DOH.

Vaccines that are **shaded** in the table are available free-of-charge from DOH through the Universal Vaccine Distribution program and the Federal Vaccines for Children program for children age 18 years and younger. **HRSA does not reimburse providers for these vaccines.**

CPT	Vaccine	CPT	Vaccine
90585	Bcg vaccine, percut	90704	Mumps vaccine, sc
90586	Bcg vaccine, intravesical	90705	Measles vaccine, sc
90632	Hep a vaccine, adult im	90706	Rubella vaccine, sc
90633	Hep a vacc, ped/adol, 2 dose	90707	Mmr vaccine, sc
90636	Hep a/Hep B vacc (adult)	90708	Measles-rubella vaccine, sc
90645	Hib vaccine, hboc, im	90712	Oral poliovirus vaccine
90646	Hib vaccine, prp-d, im	90713	Poliovirus, ipv, sc
90647	Hib vaccine, prp-omp, im	90714	Td vaccine no prsrv>=7im
90648	Hib vaccine, prp-t, im	90715	Tdap, 7 years and older, intramuscular
90655	Flu vacc split pres free 6-35 months	90716	Chicken pox vaccine, sc
90656	Flu vacc split pres free 3 years and above	90717	Yellow fever vaccine, sc
90657	Flu vaccine, 6-35 mo, im	90718	Td vaccine >7, im
90658	Flu vaccine, 3 yrs, im	90720	Dtp/hib vaccine, im
90660	Flu vacc, nasal (Covered October 1 through March 31 only)	90725	Cholera vaccine, injectable
90665	Lyme disease vaccine, im	90732	Pneumococcal vacc, adult/ill
90669	Pneumococcal vacc, ped<5	90733	Meningococcal vaccine, sc
90675	Rabies vaccine, im	90734	Meningococcal vacc,intramuscular
90676	Rabies vaccine, id	90735	Encephalitis, vaccine, sc
90690	Typhoid vaccine, oral	90740	Hepb vacc, ill pat 3 dose im
90691	Typhoid vaccine, im	90743	Hep b vacc, adol, 2 dose, im
90692	Typhoid vaccine, h-p, sc/id	90744	Hep b vacc ped/adol 3 dose, im
90700	Dtap vaccine, im	90746	Hep b vaccine, adult, im
90701	Dtp vaccine, im	90747	Hep b vacc, ill pat 4 dose, im
90702	Dt vaccine <7, im	90748	Hep b/hib vaccine, im
90703	Tetanus vaccine, im	90749	Vaccine toxoid

*Due to its licensing agreement with the American Medical Association,
HRSA publishes only the official, brief CPT code descriptions.
To view the full descriptions, please refer to your current CPT book.*

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at:
<http://wamedweb.acs-inc.com>.

Diagnosis Reminder

HRSA requires valid and complete ICD-9-CM diagnosis codes. When billing HRSA, use the highest level of specificity (4th or 5th digits when applicable) or the line pointing to the incorrect diagnosis will be denied.

How can I get HRSA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.